

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

STATE OF DELAWARE DEPARTMENT OF STATE DIVISION OF PROFESSIONAL REGULATION REAL ESTATE COMMISSION

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR CHANGE OF RESIDENT OR NONRESIDENT LICENSE INSTRUCTION SHEET

When to File Application

The terms Resident and Nonresident on Delaware Real Estate licenses refer to your **place of business**, <u>not</u> **personal residence.** A Resident license is for a Salesperson or Broker whose place of business is in Delaware. A Nonresident license is for a Salesperson or Broker whose place of business is outside Delaware.

Complete this application if you

- already hold a Delaware Broker or Salesperson license
- wish to change from Resident to Nonresident OR Nonresident to Resident.

If you are transferring from one office to another but <u>not</u> changing from Resident to Nonresident or vice versa, use the *License Status Change* form available on www.dpr.delaware.gov.

When to Take Additional Pre-Licensing Hours

If you are applying to change from *Nonresident to Resident*, you must meet Delaware's pre-licensing hours requirement:

- Resident Salesperson 99-hour Salesperson course
- Resident Broker 99-hour Salesperson course plus 99-hour Broker course

If you do not already have these hours, you must make up the difference by first completing the Delaware law portion of the pre-licensing course, then completing any additional hours from the sales portion of the course. If you apply before completing these hours, your application will not be processed until you have completed them.

How to File Application

Submit completed, signed app and sign their sections as well.	lication form. The releasing Broker and employing Broker must each complete
Applying for Resident Salesperson - \$69 Applying for Resident Salesperson - \$69 Applying for Resident Salesperson - \$69 Applying for Nonresident Salesperson - \$69	
IF you are changing from	THEN you must also submit
Resident to Nonresident	Your original Delaware Resident license and wallet card Copy of license from state you are going to Verification of licensure history from state you are going to
Nonresident to Resident	Copy of license from state you are leaving Verification of licensure history from state you are leaving Certificate showing that you have completed additional pre-licensing hours to meet Delaware's requirement (explained above)



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TYPE OF APPLICATION

1.	Select type of application you are filing (check one):				
		cense and am applying for a Resident Sale and am applying for a Resident Broker lic			
		nse and am applying for a Nonresident Sal d am applying for a Nonresident Broker lic			
2.	2. Enter your current Delaware license number:				
ID	ENTIFYING AND CONTACT INFORMA	TION			
3.	Full Name:				
	Last	First	Middle		
4.	Date of Birth (month/day/year):	5. Social Security Number:			
6.	Personal Address:				
	City	State	Zip		
7.	Phone: 8.	Email:			
NF	EW OFFICE				
		e will be the mailing address on your new	, licanso		
	•	e will be the mailing address on your new			
10	. <i>Mailing</i> Address:				
	City	State	Zip		
DI	SCLOSURES				
11	misdemeanor or any other criminal offen	ered a plea of guilty or <i>nolo contendere</i> (no case, including any offense for which you have mit an certified copy of your criminal hist	e received a pardon, in any		
12	fines, formal reprimands, license suspen renewal fees), probationary limitations, o	enalties regarding your licensed practice, incusions or revocation (except for revocation for have ever entered into any consent agreers, submit a letter giving a complete expla	or nonpayment of license ments, or surrendered a		

RELEASING BROKER OF RECORD This section to be completed and signed by releasing Broker of Record Broker Name: _____ Middle Delaware Broker License Number: _____ Company Name: _____ Office Address: I release the above licensee. Releasing Broker Signature: Date: ______ **EMPLOYING BROKER OF RECORD** This section to be completed and signed by new Broker of Record Broker Name: ___ Middle Delaware Broker License Number: Company Name: Office Address: I agree to sponsor the above licensee who will be associated with my office when the license is issued. Employing Broker Signature: _____ Date: _____ If the Commission needs to review your application, the Commission office must receive all of these items no later than 4:30 PM ten full working days before the next meeting date: · Completed, signed and notarized application form Fee payment • All required supporting documentation. Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application. Please note: When your application is complete, please allow 4-8 weeks to receive your permanent license. Applicant Signature: Date:

APPLICATIONS THAT ARE UNSIGNED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.